

SORBONNE LAW SCHOOL/PARIS I PANTHEON-SORBONNE

LEARNING AGREEMENT

ACADEMIC YEAR: 20.../20... **STUDY PERIOD:** from..... to.....
FIELD OF STUDY: LAW

Name of student: Student's e-mail address:..... Sending Institution: Country:
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DETAILS OF THE STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: SORBONNE LAW SCHOOL	Country: France
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SEMESTER I Course unit code (if any) package	Course unit title (as indicated in the course catalogue)	Number of ECTS credits
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SEMESTER II Course unit code (if any) package	Course unit title (as indicated in the course catalogue)	Number of ECTS credits
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Student's signature	Date:
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SENDING INSTITUTION:	
We confirm that the learning agreement is accepted.	
Signature of the coordinator of the Program	
.....	Date:

RECEIVING INSTITUTION : PARIS I PANTHEON-SORBONNE	
Signature of the coordinator of the Program	
.....	Date: